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CENTRAL FAX CENTER**FACSIMILE TRANSMISSION****JUL 28 2006****TO:** Examiner Traci L. Smith  
U.S. Patent and Trademark Office  
GAU 3629  
Fax: 571-273-8300 (Central Fax Server)**FROM:** Robert H. Frantz  
Franklin Gray Patents, LLC  
Tel: 405-812-5613  
Fax: 405-440-2465**DATE:** July 28, 2006**PAGES:** 2 (inclusive)

In re the Application of:

William Kress Bodin )

Serial Number: 09/935,393 )

Group: 3629

Docket Number: AUS920010655US1 )

Examiner: Traci L. Smith

Filed on: 08/23/2001 )

For: "System and Method for Intelligent )

Merchandise Indicator and Product )

Information Provision" )

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**DATE:** July 28, 2006 **SIGNATURE:** Robert Frantz

Robert H. Frantz, Reg. No. 42,553

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(Modified) PTO/SB/17 (12-04v2)

<b>FEE TRANSMITTAL for FY 2005</b>  <i>Effective 12/08/2004. Patent fees are subject to annual revision.</i>		Complete If Known					
		Application Number	<b>09/935,393</b>				
		Filing Date	<b>08/23/2001</b>				
		First Named Inventor	<b>William Kress Bodin</b>				
		Examiner Name	<b>Traci L. Smith</b>				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	<b>3629</b>				
TOTAL AMOUNT OF PAYMENT		(*) \$ <b>500.00</b>	Attorney Docket No. <b>AUS920010655US1</b>				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): <u>07/31/2006 TL0111 00000044 090447 09935393</u>							
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>09-0447</u> Deposit Account Name: <u>IBM Corporation</u>							
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b> <b>FEE CALCULATION</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b> <b>FEE DESCRIPTION</b>							Small Entity Fee (\$)
• Each claim over 20 or, for reissues, each claim over 20 and more than in the original patent							50
• Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
• Multiple dependent claims							360
Total Claims		Extra Claims		Fee(\$)		Fee Paid (\$)	
	- 20 or HP=		X	50	=		
HP = highest number of total claims paid for, if greater than 20							360 x
Indep. Claims		Extra Claims		Fee(\$)		Fee Paid (\$)	
	- 3 or HP=		X	200	=		
HP = highest number of total claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(91)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee(\$)	Fee Paid (\$)
	- 100 =	/50 =		(round up to a whole number)		X 250 =	
							Fees Paid (\$)
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee Other: <u>Fee for filing a Brief in support of an Appeal (41.20(b)(2))</u>							\$500.00
SUBMITTED BY							
Name	Robert H. Frantz		Registration No.	42,553		Telephone	405-812-5613
Signature	<i>Robert Frantz</i>				Date	7/28/2006	

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